

NOTIFICATION OF TRANSFER TO A STATE-LICENSED PROGRAM FOR DRIVING-UNDER-THE-INFLUENCE (DUI) OFFENDERS

INSTRUCTIONS: When a participant requests a transfer to another state-licensed DUI program, the sending program is to complete Sections 1 - 7, and the Participant Information Summary on the reverse, and forward to the receiving program. The receiving program shall complete Section 8 and return a copy of the form to the sending program, with a copy to the court of conviction, as confirmation of the participant's within 21 calendar days from the date of transfer from the sending program.

1. NAME OF PARTICIPANT

(Last) (First) (Middle)

2. SENDING PROGRAM

Name of Program DUI Program License Number

Address Telephone

3. RECEIVING PROGRAM

Name of Program DUI Program License Number

Address Telephone

4. PROGRAM REQUIREMENTS COMPLETED

_____ Hours of Education _____ Face-to-Face Interviews (Length _____)
_____ Hours of Group Counseling _____ Hours of Re-entry Activities

5. ADDITIONAL PROGRAM REQUIREMENTS (APRs)

☐ No APR Requirement

Program APRs _____

Program APRs Completed _____

Court-Ordered APRs _____

Court-ordered APRs Completed _____

(If the receiving DUI program has state-approved APRs, the participant will only be required to complete the APRs of the receiving program. APRs completed in the sending program shall be credited toward meeting the APR requirements of the receiving program.)

6. PARTICIPANT CERTIFICATION

I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to me and I agree to enroll in the program identified in Section 3 by _____.

Signature of Participant Date

7. SENDING PROGRAM CERTIFICATION

I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to the participant and the participant acknowledges receipt of the information.

Signature and Title of Program Representative Date

8. CONFIRMATION OF TRANSFER BY RECEIVING PROGRAM

I certify that the above-named DUI program participant

☐ enrolled on _____.

☐ DID NOT enroll by the date specified in Section 6.

Signature and Title of Program Representative Date

PARTICIPANT INFORMATION SUMMARY

1. Program Level <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First Offender <input type="checkbox"/> 12-Month Multiple Offender <input type="checkbox"/> 18-Month Multiple Offender <input type="checkbox"/> 30-Month Multiple Offender </div> <div> <input type="checkbox"/> First Offender Sentenced by Court to Complete <i>(check one)</i> <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months </div> </div>	
2. Enrollment Date <div style="display: flex; justify-content: space-around;"> (Month) (Day) (Year) </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ____/____/____ ____/____/____ ____/____/____ </div>	3. Total Participation Time <i>(Excluding time on leave of absence or dismissal from program.)</i> <div style="display: flex; justify-content: space-around;"> ____ Calendar Months ____ Weeks </div>
4. Total Number of Absences from Program _____	
5. Dismissal From Program <i>(if applicable)</i>	
• Date of Dismissal: _____ Reason: _____	• Date of Reinstatement: _____
• Date of Dismissal: _____ Reason: _____	• Date of Reinstatement: _____
6. Leave of Absence From Program <i>(if applicable)</i>	
• Beginning Date: _____ Reason: _____	• Ending Date: _____
• Beginning Date: _____ Reason: _____	• Ending Date: _____
7. Court of Conviction <i>(Name, address)</i> <div style="height: 40px;"></div>	8. Court Docket Number or Other Identifier <div style="height: 20px;"></div> 9. Driver's License Number <div style="height: 20px;"></div>
10. Probation <input type="checkbox"/> Formal <input type="checkbox"/> Summary <input type="checkbox"/> None	11. Alcohol Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Date Conducted: ____/____/____ Copy Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no copy attached, please indicate results:
<div style="display: flex;"> <div style="width: 50%;"> 12. Additional Information/Comments <div style="margin-bottom: 10px;">(a) Blood Alcohol Content _____</div> <div style="margin-bottom: 10px;">(b) Refund due _____</div> <div style="margin-bottom: 10px;">(c) Balance owed _____</div> </div> <div style="width: 50%;"> 14. Participant's Mailing Address <div style="margin-bottom: 10px;">Home phone () _____</div> <div style="margin-bottom: 10px;">Work phone () _____</div> </div> </div>	
13. Client did not reinstate at sending program. Receiving program will need: _____ Current court docket with same case number as above. _____ Provide DMV with DL104A	